

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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 Date Received
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2005 APR 14 A 9:13

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Carlisle	David	Murray	() 654-1606
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
			OPTIONAL: FAX / E-MAIL ADDRESS
			dcarlisl@oshpd.ca.gov

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of Statewide Health Planning and Development

Division, Board, District, if applicable:

Director's Office

Your Position:

Director

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)
☒ State

☐ County of

☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)
☐ Assuming Office/Initial Date:

☒ Annual: The period covered is January 1, 2004, through December 31, 2004.

-or-

☐ The period covered is through December 31, 2004.

☐ Leaving Office Date Left: (Check one)

☐ The period covered is January 1, 2004, through the date of leaving office.

-or-

☐ The period covered is through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

 Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

 Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

 Schedule B ☐ Yes - schedule attached
Real Property

 Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D (Eliminated - report loans on Schedule C)

 Schedule E ☒ Yes - schedule attached
Income - Gifts

 Schedule F ☐ Yes - schedule attached
Income - Travel Payments

-or-

 ➔ ☐ No reportable interests on any schedule

Total number of pages

completed including this cover page: 7

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Date Signed April 13, 2005
(month, day, year)

 Signature
(File the originally signed statement with your filing official.)

SCHEDULE C
Income, Loans* & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. NAME OF SOURCE OF INCOME

University of California, Los Angeles

ADDRESS

911 Broxton Plaza, Los Angeles, CA 90095-1736

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Assoc. Professor/General Internal Medicine

YOUR BUSINESS POSITION

Associate Professor on Leave

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING
REPORTING PERIOD, IF LOAN

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

☐ LOAN RECEIVED (complete box 2)

1. NAME OF SOURCE OF INCOME

Sylvia Gates Carlisle, M.D., MBA

ADDRESS

Health Plan of San Joaquin

BUSINESS ACTIVITY, IF ANY, OF SOURCE

1550 W. Fremont St., Ste. 200, Stockton, CA 95203

YOUR BUSINESS POSITION

Medical Director

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING
REPORTING PERIOD, IF LOAN

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☒ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

☐ LOAN RECEIVED (complete box 2)

2. LOAN RECEIVED

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status.

Comments:

Verification

Print Name _____

Office, Agency
or Court _____

Statement Type ☐ 2004/2005 Annual ☐ Assuming ☐ Leaving
 ☐ _____ Annual ☐ Candidate
 (or)

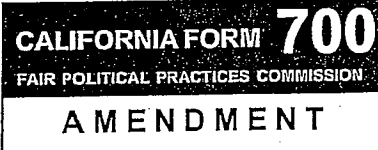
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature _____

SCHEDULE C
Income, Loans* & Business
Positions
(Other than Gifts and Travel Payments)



1. NAME OF SOURCE OF INCOME

Thompson Physicians World

ADDRESS

150 Meadowland Pwy., Secaucus, NJ 07094

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING
REPORTING PERIOD, IF LOAN

☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

☐ LOAN RECEIVED (complete box 2)

1. NAME OF SOURCE OF INCOME

NAMCP, Inc.

ADDRESS

4435 Waterfront Dr., Ste. 101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Glen Allen, VA 23060

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING
REPORTING PERIOD, IF LOAN

☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

☐ LOAN RECEIVED (complete box 2)

2. LOAN RECEIVED

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status.

Comments:

Verification

Print Name _____

Office, Agency
or Court _____

Statement Type ☐ 2004/2005 Annual ☐ Assuming ☐ Leaving
 ☐ _____ Annual ☐ Candidate
 (or)

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature _____

(Other than Gifts and Travel Payments)

AMENDMENT

FPPC Form 700 Amendment (2004/2005) Sch. C
FPPC Toll-Free Helpline: 866/ASK-FPPC

SCHEDULE C
Income, Loans* & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. NAME OF SOURCE OF INCOME

Medimedia Managed Care

ADDRESS

USA 780 Township Line Rd., Yardley, PA 19067

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING
REPORTING PERIOD, IF LOAN

☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

☐ LOAN RECEIVED (complete box 2)

1. NAME OF SOURCE OF INCOME

QTC Management, Inc.

ADDRESS

P.O. Box 5679, Diamond Bar, CA 91765

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING
REPORTING PERIOD, IF LOAN

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

☐ LOAN RECEIVED (complete box 2)

2. LOAN RECEIVED

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status.

Comments:

Verification

Print Name _____

Office, Agency
or Court _____

Statement Type ☐ 2004/2005 Annual ☐ Assuming ☐ Leaving
 ☐ _____ Annual ☐ Candidate
 (yr)

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature _____

SCHEDULE E Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

> NAME OF SOURCE
Wellpoint, Woodrow Myers, Executive VP

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ 110.00	tickets to Dr. Sinkler
___/___/___	\$ _____	Miller Assn. Annual
___/___/___	\$ _____	Scholarships Dinner

> NAME OF SOURCE
Dr. David Shapiro

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ 55.00	tickets to SF Giants
___/___/___	\$ _____	game
___/___/___	\$ _____	

> NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	
___/___/___	\$ _____	
___/___/___	\$ _____	

> NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	
___/___/___	\$ _____	
___/___/___	\$ _____	

> NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	
___/___/___	\$ _____	
___/___/___	\$ _____	

Verification

Print Name _____

Office, Agency
or Court _____

Statement Type ☐ 2004/2005 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature _____

Comments: _____

Amendment
1/30/06

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
David M. Carlisle

2004

1. BUSINESS ENTITY OR TRUST

Sylvia Gates Carlisle

Name

Address

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Medical Consulting

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/04
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION Consultant

1. BUSINESS ENTITY OR TRUST

Name

Address

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/04
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

QTC Medical Group, Inc.

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/04
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/04
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

Amendment
1/30/06

SCHEDULE C
Income, Loans* & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
David M. Carlisle

1. NAME OF SOURCE OF INCOME

University of California, Los Angeles

ADDRESS

911 Broxton Plaza, Los Angeles, CA 90095-1736

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Assoc. Professor/General Internal Medicine

YOUR BUSINESS POSITION

Associate Professor on Leave

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING
REPORTING PERIOD, IF LOAN

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

☐ LOAN RECEIVED (complete box 2)

1. NAME OF SOURCE OF INCOME

Health Plan of San Joaquin

ADDRESS

1550 W. Fremont St., Ste. 200, Stockton, CA 95203

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Medical Director

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING
REPORTING PERIOD, IF LOAN

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☒ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

☐ LOAN RECEIVED (complete box 2)

1. NAME OF SOURCE OF INCOME

ESPN Russell Racing

ADDRESS

Sonoma, California

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Racing

YOUR BUSINESS POSITION

Driver, cart racing

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING
REPORTING PERIOD, IF LOAN

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

☐ LOAN RECEIVED (complete box 2)

2. LOAN RECEIVED

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

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Comments: